

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1963 CENSUS OF BUSINESS

CONFIDENTIAL Response to this inquiry is required by Act of Congress
The report you submit to the Census Bureau is confidential and may be seen only by sworn employees. It may not be used for purposes of taxation, investigation, or regulation. Copies retained in your files are also immune from legal process.

In correspondence pertaining to this report please refer to the 11-digit file number in the box above your name.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
X
.
C
D

GENERAL INSTRUCTIONS

Please complete and return this form in the envelope provided. If filing by the date causes undue burden, a request for extension should be directed to the Jeffersonville Census Operations Office, Jeffersonville, Indiana.

If you operated more than one establishment (location) under the same Employer Identification Number in 1963, entries on this report should be consolidated for all such locations **except** that in Item 1, enter the location of your main establishment and in Item 14 provide information separately for each location. If your Employer Identification Number (the number appearing on Employer's Quarterly Federal Tax Return-Form 941) was changed during 1963, submit a report for the entire period of operation in 1963 on one 1963 Census reporting form, and list all Employer Identification Numbers used during any part of 1963 in Item 2.

If calendar year records are not available, fiscal year reports for periods ending between October 31, 1963 and February 29, 1964 are acceptable.

If book figures are not available, enter your best estimates.

(Do NOT make any entries on the above label.)

2. Identification Number used for this establishment on Employer's Quarterly Federal Tax Return (U.S. legal boundaries or the place named in "c"?

1. NAME AND PHYSICAL LOCATION OF ESTABLISHMENT ON DECEMBER 31, 1963.

a. Name of establishment
e. County in which located Your answers to parts b, c, d, e, and f of this item should relate to the ACTUAL PHYSICAL LOCATION of this establishment which may be different from the mailing address.

f. State b. Street and number at establishment location*

*If establishment location cannot be described by street and number, give name and number, if any, of road or highway and sufficient information to locate establishment, e.g. Rt. 25, 3 miles south of Charlesville.

c. Type and name of place in which located (Check first applicable type and enter name of place.)

Type Name of place

City
D Village or borough
Town
Township
Other (Specify)

3. FORM OF OWNERSHIP

(Check one)

1 I_I Individual proprietor

2 I_I Partnership

I-I Corporation (Do not include any

I-I form of cooperative association).

I-I Cooperative association (corporate

I-I or non-corporate).

9 r~ Other (Specify)

4. PERIOD OWNED IN 1963

a. Did you own this business at the end of 1963? ... 1 I
Yes No
No. of months b. How many months during 1963 did you own this business?
.....

5. CLASS OF CUSTOMER

[X-4

Check the box which indicates the class of customer which accounts for more than half of your entry in Item 7a. If no one class accounts for more than half, indicate approximate percentage next to each box.

% { 1 General public (household consumers, farmers, individuals.)

. % I_I Business firms, government, institutions

. % EH Other (Specify)

X-I

6. METHOD OF SELLING

X-S

Check the box which describes your principal method of selling. (Do not check more than one box.)

3 I_I Selling at this establishment

4 I_I Mail order (catalog selling)

5 I_I House-to-house (direct selling)

6 I_I Operating merchandise vending machines